

STANDARD FORM 56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-109		AGENCY CERTIFICATION OF INSURANCE STATUS (b) (6) Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle) <div style="text-align: center; font-weight: bold;">BARNARD, Edward T.</div>		2(a). DATE OF BIRTH (Month, Day, Year) <div style="text-align: center;">10 October 1910</div>	2(b). SOCIAL SECURITY ACCOUNT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. CHECK THE REASON FOR TERMINATING INSURANCE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) <input checked="" type="checkbox"/> Separated (includes resignations) (b) <input type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify) </div> <div style="width: 50%; font-size: small;"> NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below. </div> </div>			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED </div> <div style="text-align: center;"> (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY </div> <div style="text-align: center;"> (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) </div> </div> <p style="font-size: x-small; margin-top: 5px;">NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.</p>			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <div style="text-align: center; font-weight: bold;">31 July 1970</div>	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. <div style="text-align: center; font-weight: bold;">\$24,883</div> <div style="text-align: center; font-size: x-small;">PER ANNUM</div>	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
Personal signature of authorized agency official <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Name and address of agency, including zip code <div style="text-align: center; font-weight: bold;">Central Intelligence Agency Washington, D. C. 20505</div>	
Typed name of authorized agency official <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Date <div style="text-align: right; font-family: cursive;">18 Aug 1970</div>	
Title <div style="text-align: center; font-weight: bold;">Insurance Officer, Alternate</div>		Phone number, including area code	

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

APPROVED FOR RELEASE
DATE: FEB 2008

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.
Illustrative Statement
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

- | | | |
|---------------------------------|----------------------------------|-----------------|
| _____
(Employee's signature) | _____
(Address—print or type) | _____
(Date) |
|---------------------------------|----------------------------------|-----------------|
- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56, Retain SF 54, if any.
 3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
 4. All other cases—
Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
 5. In all cases—
Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.